



REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

DMV USE ONLY	
AVT NUMBER	
NAME	

Instructions: Please print within the spaces and boxes on this form. If you need to provide additional information on a separate piece of paper(s) or you include a copy of any law enforcement agency report, please check the box to indicate "Additional Information Attached."

- Write **unk** (for unknown) or **none** in any space or box when you do not have the information on the other party involved.
- Give insurance information that is complete and which correctly and **fully** identifies the **company** that issued the insurance policy or surety bond, or whether there is a certificate of self-insurance.
- Place the National Association of Insurance Commissioners (NAIC) number for your Insurance or Surety Company in the boxes provided. The NAIC number should be located on the proof of insurance provided by you company or you can contact your insurer for that information.
- Identify any person involved in the accident (driver, passenger, bicyclist, pedestrian, etc) that you saw was injured or complained of bodily injury or know to be deceased.
- Record in the PROPERTY DAMAGE line any damage to telephone poles, fences, street signs, guard post, trees, livestock, dogs, buildings, parked vehicles, etc., including a description of the damage.
- Once you have completed this report, please mail to: Department of Motor Vehicles, Occupational Licensing Branch, P.O. Box 932342, MS: L224, Sacramento, CA 94232-3420

SECTION 1 — MANUFACTURER'S INFORMATION

MANUFACTURER'S NAME GOOGLE AUTO LLC	AVT NUMBER VT003
BUSINESS NAME GOOGLE AUTO LLC	TELEPHONE NUMBER () - -
STREET ADDRESS 1800 AMPHITHEATRE PKWY	CITY MOUNTAIN VIEW
STATE CA	ZIP CODE 94033

SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT 12/11/2017	TIME OF ACCIDENT 11:36 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	VEHICLE YEAR 2012	MAKE LEXUS	MODEL RX 450H
LICENSE PLATE NUMBER 5VH128	VEHICLE IDENTIFICATION NUMBER JTBC1BA3C242177	STATE VEHICLE IS REGISTERED IN CA		
ADDRESS/LOCATION OF ACCIDENT EL CAMINO REAL AND RENGSTORFF	CITY MOUNTAIN VIEW	COUNTY SANTA CLARA	STATE CA	ZIP CODE 94040
Vehicle was: <input checked="" type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	Involved in the Accident: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other	NUMBER OF VEHICLES INVOLVED 2		
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST) TOY NGUYEN BUI	DRIVER LICENSE NUMBER D361363	STATE CA	DATE OF BIRTH 1/23/1991	
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT OLD REPUBLIC INSURANCE CO	POLICY NUMBER 1-11830725			
COMPANY NAIC NUMBER 34147	POLICY PERIOD FROM 06/22/2016 TO 05/01/2017			

SECTION 3 — OTHER PARTY'S INFORMATION

VEHICLE YEAR 1997	MODEL TOYOTA COROLLA
LICENSE PLATE NUMBER 7BMV826	VEHICLE IDENTIFICATION NUMBER 1N4BA02E9Y2601742
STATE VEHICLE IS REGISTERED IN CA	
Vehicle was: <input checked="" type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	Involved in the Accident: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other
NUMBER OF VEHICLES INVOLVED 2	
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST) KALENTIAN SINDORIK	DRIVER LICENSE NUMBER D361363
STATE CA	DATE OF BIRTH 02/18/1997
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT ALLSTATE	POLICY NUMBER AMP071575
COMPANY NAIC NUMBER 236893	POLICY PERIOD FROM 07/22/2016 TO 07/22/2017

☐ Additional information attached.



SECTION 4 — INJURY/DEATH, PROPERTY DAMAGE

NAME (FIRST, MIDDLE, LAST)

ADDRESS

CITY

STATE

ZIP CODE

CHECK ALL THAT APPLY ☐ Injured ☐ Deceased ☐ Driver ☐ Passenger ☐ Bicyclist ☐ Property

NAME (FIRST, MIDDLE, LAST)

ADDRESS

CITY

STATE

ZIP CODE

CHECK ALL THAT APPLY ☐ Injured ☐ Deceased ☐ Driver ☐ Passenger ☐ Bicyclist ☐ Property

PROPERTY DAMAGE

PROPERTY OWNER'S NAME

TELEPHONE NUMBER

()

STREET ADDRESS

CITY

STATE

ZIP CODE

WITNESS NAME

TELEPHONE NUMBER

()

STREET ADDRESS

CITY

STATE

ZIP CODE

WITNESS NAME

TELEPHONE NUMBER

()

STREET ADDRESS

CITY

STATE

ZIP CODE

☐ Additional information attached.**SECTION 5 — ACCIDENT DETAILS - DESCRIPTION**☒ Autonomous Mode ☐ Conventional Mode

A Google Lexus autonomous vehicle ("Google AV") traveling southwest in autonomous mode on Rengstorff Ave. in Mountain View was involved in an accident. As the Google AV made a left turn onto El Camino Real from the outside left turn lane, another vehicle in the inside left turn lane also turning left onto El Camino Real crossed into the outside left turn lane and collided with the driver's side of the Google AV. The Google AV test driver immediately disengaged the autonomous technology, took manual control of the vehicle and brought it to a stop at the side of El Camino Real. The Google AV sustained damage to its driver-side doors. The other vehicle sustained damage to its front bumper. The Google AV was traveling approximately 20 mph and the other vehicle was traveling approximately 15 mph at the time of the collision. There were no injuries reported at the scene by either party.

☐ Additional information attached.**SECTION 6 — CERTIFICATION**

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I further certify that I am the authorized Administrator of the program for the above named employer.

PROGRAM DIRECTOR/AUTHORIZED REPRESENTATIVE PRINTED NAME AND TITLE

JOHN KRAFCEK, CEO

SIGNATURE

X

TELEPHONE NUMBER

()

DATE SIGNED